

PTO/SB/81 (11-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/784,794
Filing Date	January 26, 2004
First Named Inventor	ROLNICK, Michael et al.
Title	Method for Splinting Rib Injuries
Art Unit	3743
Examiner Name	ALI, Shumaya B.
Attorney Docket Number	ROL-004US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

31498

OR

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Matthew Warden</i>	Date	6/23/05
Name	MATTHEW WARDEN	Telephone	617 694 7888
Title and Company	INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INDICATION FORM**

Application Number	10/764,794
Filing Date	January 26, 2004
First Named Inventor	ROLNICK, Michael et al.
Title	Method for Splinting Rib Injuries
Art Unit	3743
Examiner Name	ALI, Shumaya B.
Attorney Docket Number	ROL-004US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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31496

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Michael A. Rolnick</i>	Date	6/16/05
Name	MICHAEL A. ROLNICK	Telephone	410-531-6105
Title and Company	INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	10/784,784
Filing Date	January 26, 2004
First Named Inventor	ROLNICK, Michael et al.
Title	Method for Spinting Rib Injuries
Art Unit	3743
Examiner Name	ALI, Shumaya B.
Attorney Docket Number	ROL-004US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Address:

City: State: Zip:

Country:


Telephone: Fax:

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6-23-05
Name	ROBERT A. VAN WYK	Telephone	707-42-7767
Title and Company	INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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